

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of  
Invention**

IMPROVED BLEED LEAK DETECTION SYSTEM

Application Number :

Date :

First Named Applicant: Leslie Fernandez

Attorney Docket Number:

### TOTAL FEE AUTHORIZED \$ 950

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

#### BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	770	770
Subtotal For Basic Filing Fees: \$ 770			

#### EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 30	10	1202	18	180
Independent Claims : 3	0	1201	86	0
Subtotal For Extra Claims Fees: \$ 180				

### AUTHORIZED BILLING INFORMATION

**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 024553  
Access Code \*\*\*\*  
Deposit name: Buchanan Ingersoll, P.C.  
Deposit authorized name: Dennis M. Carleton  
Signature: Dennis M. Carleton  
Date (YYYYMMDD): 2004-06-04

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.